

Statements of Witnesses -

Deposition of - Charles Rufus Baxter, 6 H 39-45, march 2<sup>4</sup>, 1964

Baxter, a general surgeon at Parkland Hospital, was examined by Asst. Counsel Specter. He outlined his educational background and said he is now an assistant professor of surgery. He lists a number of doctors and nurses who were in the emergency room before him. He describes his observations. (p.40)

There was no pulse that he could detect. Then he describes what he did in assisting Drs. Peery and McClelland with the tracheotomy. He describes the massive head wound by saying "literally the right side of his head had been blown off ... we did not pronounce him dead but ceased our efforts, and awaited the priest and the last rites before we pronounced him dead." Baxter's recollection of the exact time of the death pronouncement was 1:08, but he is not certain. The only head wound he saw was the large one (p.41)

Then Specter asks, "Did you notice any bullet hole below that large opening at the top of the head?" Note that this could be taken as either a reference to the front or the back. Baxter's reply was, "No; I personally did not." Note also that this could be taken to mean that someone else did.

Baxter is then asked to describe the anterior neck wound. Its dimensions in his opinion were 4 to 5 millimeters in its widest diameter and it was spherical. It was, he said, "a very small wound." Asked "Were the characteristics of the wound on the neck sufficient to enable you to form an opinion with reasonable medical certainty ...?", he offered the opinion it was a gunshot wound and "it did not appear to be a jagged wound, such as one would expect with a very high velocity rifle bullet. We could not determine, or did not determine at that time whether this represented an entry or an exit wound. Judging from the caliber of the

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of othe rifle that we later found or become acquainted with, this would more resemble a wound of entry. However, due to the density of the tissues of the neck and depending upon what a bullet of such caliber would pass through, the tissues that it would pass through on the way to the neck, I think that the would could well represent either exit or entry wound."

He is then asked to "assume some factors in addition to those which you personally observed", which are ~~the~~ diversion of the rear wound essentially given to the other doctors caused by a presumed 6.5-mm. bullet, fired from a presumed 160 to 200 feet ~~away~~ away with a presumed muzzle velocity of 2,000 feet per second, and assuming it did not violate the pleura space, etc., would it be "consistent with an exit point, assuming the factors which I have just given to you?" Baxter's response was as follows, "Although it would be unusual for a high velocity missile of this type to cause a wound as ~~you~~ you have described, the passage through tissue planes of this density could have well resulted in the sequence which you outline; namely, that the anterior wound does represent a wound of exit." He is asked and explains his reasons for considering it unlikely, saying "because the damage that the bullet would/be - first its speed would create a shock wave which would damage a larger number of tiessues, as in its path, it would tend to strike, or usually would strike, tissues of greater fensity ... would then begin to tumble and would create larger jagged - the further it went, the more jagged would be the damage that it created; so that ordinarily there would have been a rather large wound of exit." (p.42)

He estimated "we admit and treat, I would estimate, around 500 gunshot wounds per year - thereabouts." He had some Army training in gunshot wounds.

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It would seem that Dr. Baxter has been careful to specify that the hypothesis posed by Specter is an extremely unlikely one. Again, part of the unending chain of things that ordinarily couldn't happen that the Commission says did happen, and that it is convenient for the Commission to have had happen, another of the never-ending coincidences and rarities, all of which are essential to the Commission's case.

Note the very clear inferences of Dr. Baxter's words in the following exchange about the lack of a post-mortem, the reason for it, and the Secret Service. (p.43)

"Mr. Specter. Would your examination have been conducted in any different way had this particular victim ~~not~~been the President of the United States?

Dr. Baxter. I think - yes - in that we would have, particularly, postmortem examined the body much more carefully than we did. We would certainly have undressed him completely and determined all of the direction of the wounds at the time. This did not seem feasible under the circumstances.

Mr. Specter. Why was it not feasible under the circumstances?

Dr. Baxter. Mrs. Kennedy was in the room, there was a large number of people in the room by that time - Secret Service agents, the priests and so on. As soon as the President was pronounced dead, the Secret Service more or less - well, requested that we clear the room and leave them with the President's body, which was done. Everything that the Secret Service wished was carried out.

Mr. Specter. What was that?

Dr. Baxter. Everything that the Secret Service asked us to do, we did, as rapidly as possible and this was one of their requests.

In addition, I must say that the emotional condition of all of us at

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that time was such that probably we would not - we didn't feel that we should do any more, since we were certain that autopsy would take care of all that we were going to miss." (p.43)

Baxter is shown a report that is part of Exhibit 392 (Report p.523) and asked to read it.

He was approached 3 weeks previous to his deposition by a Secret Service agent who asked if he had "any additional written comments anywhere or had made ~~or~~ any writings on the medical treatment of the President, and the answer was 'No.'" (p.44)